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CONFIRMATION NO. 5230

<b>SERIAL NUMBER</b> 10/762,500	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 134	<b>GROUP ART UNIT</b> 1751	<b>ATTORNEY DOCKET NO.</b> 030157-0304884
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/884,439 06/20/2001 PAT 6,740,168 *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

909

**TITLE**

Scale conditioning agents and treatment method

<b>FILING FEE RECEIVED</b> 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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